

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 097869178 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3			
TOTAL DEP.	15			
TOTAL CLAIMS	18			

51	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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